

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: IHBH-R

**EXTENDED LEARNING OPPORTUNITY – APPLICATION**

**Request for Approval of Extended Learning Opportunity Program of Study**

Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Application Date: \_\_\_\_\_

Course/Program to be taken and course number: \_\_\_\_\_

Semester/Year course is to be taken: \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_

**Course description: (Please attach)**

**Reason for request (check all appropriate boxes):**

Review for credit/summer school (make-up course work for a previously failed course)

Failed course: \_\_\_\_\_

Advanced course level in a given sequence for upcoming school year

Name of (DISTRICT SCHOOL) equivalent course: \_\_\_\_\_

Earn additional high school credit (check all appropriate options)

\_\_\_\_\_ College course work for high school credit

\_\_\_\_\_ College course work for the alternate graduation option

\_\_\_\_\_ Independent study

\_\_\_\_\_ Distance Learning course work (online or virtual high school)

\_\_\_\_\_ Request for credit to be utilized for early graduation

Other: \_\_\_\_\_

**Rationale for request:** (Attach pages if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If course is approved, \_\_\_\_\_ credits will be awarded upon proof of successful completion.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to:  Student/Parent  Student File  Guidance Counselor

*See Policy IHBH*